The State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES

Thomas S. Burack, Commissioner

LETTER OF DEFICIENCY
WD-WWEB/C 15-003

May 8, 2015

Powder Mill Fish Hatchery
New Hampshire Fish and Game
Mr. Thomas Givetz
288 Merrymeeting Road
New Durham, New Hampshire 03855

Subject: National Pollutant Discharge Elimination System (NPDES)
Compliance Sampling Inspection (CSI)
Powder Mill Fish Hatchery (FH)
New Durham, NH
NPDES Permit No. NH0000710

Dear Mr. Givetz:

On April 14, 2015, as a representative of the New Hampshire Department of Environmental Services (DES), Water Division, Wastewater Engineering Bureau, I conducted a NPDES CSI at the Powder Mill Fish Hatchery. Objectives of the CSI included determining compliance with NPDES permit conditions, verifying the accuracy of permit-required information, and verifying the adequacy of permittee sampling and monitoring.

The following people were present during this CSI:

Thomas Givetz, Superintendent, Powder Mill Fish Hatchery, NH Fish and Game
Teresa Ptak, Environmental Inspector, DES

Enclosed is a copy of EPA's Water Compliance Inspection Report Form 3560-3, Attachment A-Sample Data Summary, and the inspection sample results. The laboratory results for Biochemical Oxygen Demand (BOD), Total Suspended Solids (TSS), Total Nitrogen, Ammonia Nitrogen and Total Phosphorus were within the allowable permit limitations. None of the samples were taken in accordance with Powder Mill Fish Hatchery's permit requirements, thus no results must be included in the April 2015 DMR calculations.

DEFICIENCY: (Response required).

During the inspection the following deficiency was noted:

1. Currently facility staff verify and document the composite sampler refrigerator at the end of the composite period only. Per 40CFR136.3 Table II, preservation during collection of a 24 hour composite must occur at $\leq 6^{o}C$.

    a. It was discussed that in/out composite sampler temperatures would be added to the bench sheet.

ESGR Secretary of Defense Freedom Award 2014 Recipient

REPEAT DEFICIENCY: (Noted in April 17, 2013 NPDES inspection – response required). If this repeat deficiency is noted in any subsequent inspection then DES may proceed immediately with formal enforcement action which may include an administrative fine.

1. The facility did not sample for pH at outfall serial number 001 and 002 the week of September 14th to September 20th as required per permit Part I.A.1 & 2. Monitoring requirements stipulate once a week measurement.

    a. Meter was off site for annual calibration. The intra-agency spare meter was not located in time.
    b. NH Fish and Game staff have made arrangements for on site/central location annual calibration as to avoid extended equipment absence.

RECOMMENDATIONS/OBSERVATIONS: (No response required).

1. As part of the NPDES inspection, operation and maintenance of the facility laboratory and grounds were reviewed.

    a. Per permit Part B. 4. e. Best Management Practices (BMP) Plan Recordkeeping, records that document the frequency of cleaning, inspections, repairs, and chemical usage are to be maintained.
        i. Currently daily activities are included within the monthly chart excel sheet. It was discussed that cleaning activities (e.g. associated with settling tank) would be documented there for easy reference as well.

CORRECTIVE ACTIONS REQUIRED:

Describe all steps taken to correct the deficiencies identified by the inspector. This description should also include the dates the deficiency was corrected or the anticipated correction date. When the response is complete, the responsible official for the facility must sign the response. If the submitted response is acceptable to DES and the deficiency is not a repeat deficiency and/or has not resulted in environmental harm, DES will close out the inspection and no further action, other than continued compliance, is required by the permittee. If DES identifies repeat deficiencies or deficiencies that result in environmental harm in this or future inspections, DES may proceed immediately with enforcement.

DES requests that Powder Mill FH submit its response to this inspection by **June 8, 2015.** If DES does not receive a signed, complete response within the allowed time frame, DES may proceed with an appropriate enforcement action.

Please mail or email your inspection response to:

Teresa Ptak
NHDES/WD-WWEB
P.O. Box 95
Concord, NH 03302-0095

OR

Teresa.Ptak@des.nh.gov

Please be advised that DES will continue to monitor Powder Mill FH's compliance status, and that this letter does not provide relief against any existing or future violations.

If you have any questions regarding this matter, please contact me at 603-271-1494. Thank you for your cooperation.

Sincerely,

Paul Heirtzler, P.E., Esq.
Administrator
Wastewater Engineering Bureau

cc: DES, WD, WWEB/File
ec: Teresa Ptak, Environmental Inspector, WWEB
Tracy L. Wood, P.E., Compliance Supervisor, WWEB
Gretchen Hamel, Enforcement Coordinator, DES
Joy Hilton, USEPA Water Technical Unit

Attachments: EPA Form 3560-3 – Water Compliance Inspection Report
Attachment A-Sample Data Summary
April 14, 2015 Sample Results

Certified Mail RRR: 7011 3500 0001 0292 6353

United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 N 2 5	3 NH0000710 11	12 150414 17	18 S	19 S	20 3

Remarks: 21 ____ 66

Inspection Work Days	Facility Self-Monitoring Evaluation Rating	B1	QA	Reserved	
67 10 69	70 4	71 N	72 N	73 74	75 80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)

POWDER MILL FISH HATCHERY
288 MERRYMEETING ROAD
NEW DURHAM, NH 03855

POTW Name/Permit No.

Entry Time/Date	Permit Effective Date
8:56 AM 4/14/2015	12/22/2011
Exit Time/Date	**Permit Expiration Date**
11:22 AM 4/14/2015	12/21/2016

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)

THOMAS GIVETZ
SUPERINTENDENT
Phone: (603)859-2041
Fax:

Other Facility Data (e.g., SIC NAICS, and other descriptive information)

Name, Address of Responsible Official/Title/Phone and Fax Number

JASON SMITH, CHIEF OF FISHERIES
NH FISH AND GAME
11 HAZEN DRIVE
CONCORD, NH 03301
Phone: (603)271-1744
Fax:
Contacted ☐ Yes ☑ No

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

☑ Permit	☑ Self Monitoring Program	☐ Pretreatment	☐ MS4
☑ Records/Reports	☐ Compliance Schedules	☐ Pollution Prevention	
☑ Facility Site Review	☑ Laboratory	☐ Storm Water	
☑ Effluent/Receiving Waters	☑ Operations/Maintenance	☐ Combined Sewer Overflow	
☑ Flow Measurement	☐ Sludge Handling/Disposal	☐ Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	*SEV Description*
C0015	Frequency of Sampling Violation
C0018	Improper Analysis or Lab Error

Signature of Inspector: Teresa Pitak	Agency/Office/Phone and Fax Numbers: NHDES/WD/WWEB (603) 271-3908/4128	4/15/2015
Signature of Management QA Reviewer: Tracy L. Wood, P.E. Tracy L Wood	Agency/Office/Phone and Fax Numbers: NHDES/WD/WWEB (603) 271-3908/4128	4/15/2015

INSTRUCTIONS

Section A: National Data System Coding *(i.e., PCS)*

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc. *(Use the Remarks columns to record the State permit number, if necessary.)*

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

Column 18: Inspection Type*. Use one of the codes listed below to describe the type of inspection:

A	Performance Audit	U	IU Inspection with Pretreatment Audit	!	Pretreatment Compliance (Oversight)
B	Compliance Biomonitoring	X	Toxics Inspection	@	Follow-up (enforcement)
C	Compliance Evaluation (non-sampling)	Z	Sludge - Biosolids	|	Storm Water-Construction-Sampling
D	Diagnostic	#	Combined Sewer Overflow-Sampling	]	Storm Water-Construction-Non-Sampling
F	Pretreatment (Follow-up)	$	Combined Sewer Overflow-Non-Sampling	:	Storm Water-Non-Construction-Sampling
G	Pretreatment (Audit)	+	Sanitary Sewer Overflow-Sampling	-	Storm Water-Non-Construction-Non-Sampling
I	Industrial User (IU) Inspection	&	Sanitary Sewer Overflow-Non-Sampling	<	Storm Water-MS4-Sampling
J	Complaints	*	CAFO-Sampling	=	Storm Water-MS4-Non-Sampling
M	Multimedia	(	CAFO-Non-Sampling	>	Storm Water-MS4-Audit
N	Spill	2	IU Sampling Inspection		
O	Compliance Evaluation (Oversight)	3	IU Non-Sampling Inspection		
P	Pretreatment Compliance Inspection	4	IU Toxics Inspection		
R	Reconnaissance	5	IU Sampling Inspection with Pretreatment		
S	Compliance Sampling	6	IU Non-Sampling Inspection with Pretreatment		
		7	IU Toxics with Pretreatment		

Column 19: Inspector Code. Use one of the codes listed below to describe the *lead agency* in the inspection.

A	State (Contractor)	C	Other Inspectors, Federal/EPA, (Specify in Remarks columns)
B	EPA (Contractor)	E	Other Inspectors, State (Specify in Remarks columns)
D	Corps of Engineers	I	EPA Regional Inspector
G	Joint EPA/State Inspectors—EPA Lead	S	State Inspector
L	Local Health Department (State)	T	Joint State/EPA Inspectors—State lead
N	NEIC Inspectors		

Column 20: Facility Type. Use one of the codes below to describe the facility.

1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
2 — Industrial. Other than municipal, agricultural, and Federal facilities.
3 — Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
4 — Federal. Facilities identified as Federal by the EPA Regional Office.
5 — Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Columns 67-69: Inspection Work Days. Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection. The heading marked "Multimedia" may indicate medias such as CAA, RCRA, and TSCA.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.

Attachment A
Sample Data Summary – To be completed with every inspection

Facility Name: POWDER MILL FH Date: 4/14/2015 Inspector: TPTAK

Sample Type: (Grab) or Composite Sample Time: 10:45AM Sampler: T. GIVETZ
Sample Location: OUTFALL 001
Is this the normal sample location for the plant effluent sampling? YES or (NO) If NO, explain: Typically composite sample

Were split samples collected? YES or (NO) Comments:

Sampling Acknowledgement: (Operator/other signature): Signature on COC Date/Time:

Analysis	Analysis Method	Results	Permit Limit	Comments
BOD	5210B	0 mg/L	REPORT	REQUIRES COMPOSITE, DONE AS GRAB
TSS	2540D	0 mg/L	REPORT	
Total Phosphorus	LACHAT 10-115-01-1-F	0.0222 mg/L	REPORT	
Ammonia Nitrogen	LACHAT 10-107-06-6-A	0 mg/L	REPORT	✓
Total Nitrogen	CALCULATION	0.271 mg/L	REPORT	✓

Laboratory Analyses – attach NHPH Laboratory report to this attachment

Attachment A
Sample Data Summary – To be completed with every inspection

Facility Name: POWDER MILL FH Date: 4/14/2015 Inspector: TPTAK

Sample Type: (Grab) or Composite Sample Time: 10:56 AM Sampler: T. GIVETZ
Sample Location: OUTFALL 002
Is this the normal sample location for the plant effluent sampling? YES or (NO) If NO, explain: Typically composite sample

Were split samples collected? YES or (NO) Comments:

Sampling Acknowledgement: (Operator/other signature): Signature on COC Date/Time:

Analysis	Analysis Method	Results	Permit Limit	Comments
BOD	5210B	2.6 mg/L	REPORT	REQUIRES COMPOSITE, DONE AS GRAB
TSS	2540D	0 mg/L	REPORT	
Total Phosphorus	LACHAT 10-115-01-1-F	0.0536 mg/L	REPORT	
Ammonia Nitrogen	LACHAT 10-107-06-6-A	0 mg/L	REPORT	
Total Nitrogen	CALCULATION	0.467 mg/L	REPORT	

Laboratory Analyses – attach NHPH Laboratory report to this attachment

NH DIVISION OF
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Friday, May 08, 2015

STERGIOS SPANOS
NHDES WASTEWATER ENGINEERING BUREAU
29 HAZEN DR
CONCORD NH 03301

RE: Workorder: A501657 - NPDES, INDUSTRIAL PERMITS
Project ID: 05-0021510 - NPDES INDUSTRIAL

Dear STERGIOS SPANOS:

Enclosed are the analytical results for the sample(s) received by the laboratory on Tuesday, Apr 14, 2015. Unless indicated as exceptions, the sample(s) met EPA requirements for hold times, preservation techniques, container types and other receipt conditions. Please contact us if you need measurement uncertainty values associated with radiological parameters. Results reported conform to the most current NELAC standard, where applicable, unless otherwise narrated in the body of the report. Any results reported for samples subcontracted to another laboratory are indicated on the report. Please refer to http://www2.des.nh.gov/CertifiedLabs/Certified-Method.aspx for a copy of our current NELAP certificate and accredited parameters.

We appreciate the opportunity to provide this analytical service for you. If you have any questions regarding this report or your results, please feel free to contact us.

The following signature indicates technical review and acceptance of the data.

Sincerely,

Lucio S. Barinelli, Ph.D.

Authorized Signature

Enclosures

REPORT OF LABORATORY ANALYSIS

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New Hampshire Public Health Laboratories
Department of Health and Human Services
29 Hazen Dr., Concord NH 03301
Phone: (603) 271-3445
Fax: (603) 271-2997

DATA QUALIFIER DESCRIPTIONS

Workorder: A501657 - NPDES, INDUSTRIAL PERMITS

Project ID: 05-0021510 - NPDES INDUSTRIAL

The following are a list of some column headers and abbreviations with their meanings as used throughout the analysis report. Referring to them will assist you in interpreting your report.

RDL= The lowest value the laboratory calibrates its instrumentation for this parameter. Any instrumental estimate of results below the Report Limit is reported as Not Detected (ND).

DF= For some heavily contaminated samples, the laboratory must dilute samples to keep the final number within its calibration scale. This is referred to as the Dilution Factor. Final results and reporting limits are adjusted relative to the DF used.

QUAL= Indicates that the result has been qualified. Refer to the Analytical Report Comments and Qualifiers page for details.

LIMIT= Reflects the Maximum Contamination Level (MCL), if one exists, a secondary or recommended level or another State or Federal action level.

Surrogates = For some analyses, the laboratory adds a number of compounds to monitor analytical performance. These results are provided for your information.

> = Greater than	< = Less than
mg/L = milligrams per Liter	ug/L = micrograms per Liter
mg/kg = milligrams per kilogram	ug/kg = micrograms per kilogram
P-A = Present/Absent	CTS/100 mL = Counts per 100 milliliters
CFU = Colony forming unit	MPN = Most Probable Number
pCi/L = picoCuries per Liter	

J = Estimated value; analyte detected at less than the Reporting Limit but greater than the laboratory's Method Detection Limit.

B = Analyte detected in the method blank for the batch of samples. Its presence in the sample may be suspect.

E = Estimated value; result exceeded the upper calibration level for the parameter.

Radiological results are expressed as a number + an uncertainty factor. Uncertainty is a calculated measure of the precision around the reported value.

All results for pH and residual chlorine samples analyzed more than 15 minutes after time of collection shall be considered QUALIFIED.

REPORT OF LABORATORY ANALYSIS

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New Hampshire Public Health Laboratories
Department of Health and Human Services
29 Hazen Dr., Concord NH 03301
Phone: (603) 271-3445
Fax: (603) 271-2997

SAMPLE SUMMARY

Workorder: A501657 - NPDES, INDUSTRIAL PERMITS
Project ID: 05-0021510 - NPDES INDUSTRIAL

Lab ID	Sample ID	Ref ID	Matrix	Date Collected	Date Received	Misc Info
A501657001	OUTFALL 001	POWDER MILL FH	WATER	4/14/2015 10:45	4/14/2015	
A501657002	OUTFALL 002	POWDER MILL FH	WATER	4/14/2015 10:56	4/14/2015	

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29 Hazen Dr., Concord NH 03301
Phone: (603) 271-3445
Fax: (603) 271-2997

ANALYTICAL REPORT COMMENTS AND QUALIFIERS

Workorder: A501657 - NPDES, INDUSTRIAL PERMITS
Project ID: 05-0021510 - NPDES INDUSTRIAL

Parameter Footnotes

[1] Result is from the x1.5 dilution. MS and MSD recoveries are 101 and 96% on the x12 dilution.

[2] Method Blank = 0

[3] Result is from the x1.5 dilution. MS and MSD recoveries are 101 and 101% on the x12 dilution.

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ANALYTICAL RESULTS

Workorder: A501657 - NPDES, INDUSTRIAL PERMITS
Project ID: 05-0021510 - NPDES INDUSTRIAL

Lab ID: A501657001
Sample ID: OUTFALL 001
Description: POWDER MILL FH
Matrix: WATER
Sample Type: SAMPLE
Collector : THOMAS GIVETZ

Parameters	Results	Units	RDL	DF	Prepared	Analyzed	Limit	Qual
Wet Chemistry								
Analytical Method: SM 5210B								
Biochemical Oxygen Demand 5	<3	mg/L		1		4/15/2015 14:00		1
Analytical Method: LACHAT 10-115-01-1-F								
Total Phosphorus	0.0222	mg/L	0.0050	1		4/30/2015 10:22		
Analytical Method: LACHAT 10-107-04-1-C								
Nitrate-Nitrogen	ND	mg/L	0.050	1		4/14/2015 13:41	10	
Analytical Method: LACHAT 10-107-06-2-E								
Total Kjeldahl Nitrogen	0.26	mg/L	0.25	1		4/21/2015 11:05		
Analytical Method: LACHAT 10-107-06-6-A								
Ammonia Nitrogen	ND	mg/L	0.20	1		5/6/2015 15:58		
Analytical Method: LACHAT 10-107-04-1-C								
Nitrite-Nitrogen	ND	mg/L	0.050	1		4/14/2015 13:41	1	
Analytical Method: LACHAT 10-107-04-1-C								
Nitrate+Nitrite-Nitrogen	ND	mg/L	0.050	1		4/14/2015 13:41		
Analytical Method: SM 2540D								
Total Suspended Solids	ND	mg/L	10	1		4/21/2015 16:00		2
Analytical Method: Calculation								
Total Nitrogen	0.271	mg/L		1		4/23/2015 08:30		

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ANALYTICAL RESULTS

Workorder: A501657 - NPDES, INDUSTRIAL PERMITS
Project ID: 05-0021510 - NPDES INDUSTRIAL

Lab ID: **A501657002**
Sample ID: **OUTFALL 002**
Description: POWDER MILL FH
Matrix: WATER
Sample Type: SAMPLE
Collector : THOMAS GIVETZ

Parameters	Results	Units	RDL	DF	Prepared	Analyzed	Limit	Qual
Wet Chemistry								
Analytical Method: SM 5210B								
Biochemical Oxygen Demand, 5	2.6	mg/L		1.5		4/15/2015 14:00		3
Analytical Method: LACHAT 10-115-01-1-F								
Total Phosphorus	0.0536	mg/L	0.0050	1		4/30/2015 10:23		
Analytical Method: LACHAT 10-107-04-1-C								
Nitrate-Nitrogen	0.050	mg/L	0.050	1		4/14/2015 13:42	10	
Analytical Method: LACHAT 10-107-06-2-E								
Total Kjeldahl Nitrogen	0.42	mg/L	0.25	1		4/21/2015 11:06		
Analytical Method: LACHAT 10-107-06-6-A								
Ammonia Nitrogen	ND	mg/L	0.20	1		5/6/2015 16:02		
Analytical Method: LACHAT 10-107-04-1-C								
Nitrite-Nitrogen	ND	mg/L	0.050	1		4/14/2015 13:42	1	
Analytical Method: LACHAT 10-107-04-1-C								
Nitrate+Nitrite-Nitrogen	0.050	mg/L	0.050	1		4/14/2015 13:42		
Analytical Method: SM 2540D								
Total Suspended Solids	ND	mg/L	10	1		4/21/2015 16:00		2
Analytical Method: Calculation								
Total Nitrogen	0.467	mg/L		1		4/23/2015 08:30		

REPORT OF LABORATORY ANALYSIS

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NH PUBLIC HEALTH LABORATORIES-WATER LAB LOGIN AND CUSTODY SHEET

(Laboratory Policy: Samples not meeting method requirements will be analyzed at the discretion of the DPHS, PHL.)

Samples must be delivered in a cooler with ice or ice packs.

LAB ACCOUNT (Billing) 05-0021510 **One Stop Project:** N/A **NHDES Site Number** N/A

Description : Powder Mill FH **Town: New Durham** **Temp. °C.** 3.3°C FOR

Collected by: T. GIVETZ **Contact & Phone #** TPtak x 1494

Sample Location/Station ID	Date Time Sampled	# of Containers	Matrix	Total Phosphorus	BOD/TSS	Total Nitrogen (TKN, Nit, Nit)	Ammonia Nitrogen			Sampler Comments	Lab Login #
Outfall 001	4/14/15 10:45AM	3	AQ	X	X	X	X			non-chlorinated system	A501657001 04/14/15 10:45 05-0021510
Outfall 002	4/14/15 10:56AM	3	AQ	X	X	X	X			non-chlorinated system	A501657002 04/14/15 10:56 05-0021510

Relinquished By [signature] Date and Time 4/14/15 11:03 Received By Tanya Ptak 4/14/15 11:03 AM

Relinquished By Tanya Ptak 4/14/15 12:19 PM Date and Time _____ Received For Laboratory By [signature]

Matrix: A= Air S= Soil AQ= Aqueous (Ground Water, Surface Water, Drinking Water, Waste Water) x Other: _____

Section No.: 22.0
Revision No.: 7
Date 07-2011
Page 1 of 1

Page 1 of 1 Data Reviewed By [signature] Date 05-08-2015

New Hampshire Fish and Game Department
Powder Mill Fish Hatchery
288 Merrymeeting Road
New Durham, NH 03855
Telephone: 603/859-2041

May 16, 2015

NHDES
Environmental Inspector
PO Box 95
29 Hazen Drive
Concord, NH 03302-0095

RE: Deficiency Response
Site Visit April 14, 2015
Federal Permit Number: NH0000710

Dear: Mrs. Ptak,

Deficiency #1- Temperatures not being noted at start of composite sample.

I have added a column to my bench sheet (see attachment) that now will include the start temp and end temp of our 24 hour composite samples. I will start noting the temps as required.

Deficiency #2- pH and DO samples not taking due to annual calibration.

We have made arrangements to have our meters calibrated on site by the manufactures representatives.
If the hatchery does use an outside source in the future, we will keep our spare meter on site to use if needed. Then we will have the spare meter calibrated after receiving our original meters back.

Thanks

Thomas W. Givetz
Superintendent
Powder Mill State Fish Hatchery

NOTE: REC'D BY EMAIL 5/16/2015 9:39 AM

Dissolved Oxygen Bench Sheet for NPDES Discharge Monitoring Analysis

Instrument: YSI Model 550A — Powder Mill State Fish Hatchery

Year	Month	Day	Location	Time Sampled	Sampler	Time of analysis	Analyst	Eff. Grab %sat	Dupl.	Eff. Grab mg/l	Dupl.	Temp C	Calibration	Comp 24 refrigerator temp C
														START
2015	MAY		DIS-001											
														START
2015	MAY		DIS-002											
		>	Dis-001			Once a month								
		>	Dis-002			Don't forget Dupl.								

Method Reference: Dissolved Oxygen 4500-O G 2011

Altitude/Elevation- 600ft — Temperature 2550 B 2010

The State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES

Thomas S. Burack, Commissioner

May 18, 2015

LETTER OF COMPLIANCE
for
LETTER OF DEFICIENCY
WD WWEB/C 15-003

Powder Mill Fish Hatchery
New Hampshire Fish and Game
Mr. Thomas Givetz
Superintendent
288 Merrymeeting Road
New Durham, NH 03855

Subject: National Pollutant Discharge Elimination System (NPDES)
Compliance Sampling Inspection (CSI)
Powder Mill Fish Hatchery (FH)
NPDES Permit # NH0000710

Dear Mr. Givetz:

The New Hampshire Department of Environmental Services (DES), Water Division, Wastewater Engineering Bureau reviewed the actions taken by Powder Mill FH in its response to Letter of Deficiency No. WD WWEB/C 15-003 dated May 8, 2015. DES determined that the issues addressed in the Letter of Deficiency have been resolved in a manner consistent with the Water Division regulations and NPDES permit requirements. Powder Mill FH should continue with the actions listed in the May 16, 2015 correspondence from the NH Fish and Game. At this time, no further response from the permittee is necessary. Therefore, DES hereby issues this Letter of Compliance.

Please be advised that DES will continue to monitor the compliance status of Powder Mill FH, and that this letter does not provide relief against any existing or future violations.

If you have any questions regarding this matter, please contact Teresa Ptak at 603-271-1494 or teresa.ptak@des.nh.gov. Thank you for your cooperation.

Sincerely,

Paul Heirtzler, P.E., Esq.
Administrator
Wastewater Engineering Bureau

cc: DES, WD, WWEB/File

ec: Teresa Ptak, Environmental Inspector, WWEB
Tracy L. Wood, P.E., Compliance Supervisor, WWEB
Gretchen Hamel, Enforcement Coordinator, DES
Joy Hilton, USEPA Water Technical Unit

Certified Mail RRR: 7011 3500 0001 0292 6384

ESGR Employer Support of the Guard and Reserve
Secretary of Defense Freedom
2014 Recipient

NPDES INSPECTION CHECKLIST
MUNICIPAL OR INDUSTRIAL WASTEWATER INDIVIDUAL PERMIT

FACILITY NAME: Powder Mill Fish Hatchery

NPDES PERMIT NUMBER: NH 0000710

NPDES PERMIT EXPIRATION DATE: 12/21/2016

I. PRE-INSPECTION INFORMATION

(If Closure Inspection, complete this upper section, Section II and Section XV)

Permittee's Name: NH Fish & Game Inspection Date: 4/14/2015 Sampling Date: 4/14/2015

Inspection Type: CSI (●) CEI ( ) RI ( ) Closure ( ) Facility Type: Major ( ) Minor (●)

Type of Treatment Process or Type of Discharge: Fish Hatchery settling tank/bed Grade of Municipal Facility: I ( ) II ( ) III ( ) IV ( ) NA (●)

Date of Last Inspection: 4/17/2013 Type of Last Inspection: CSI (●) CEI ( ) RI ( )

Last Inspection Performed by: DES (●) EPA ( )

Name and Title of Responsible Official: Jason Smith, Chief of Fisheries

Name/Grade of Operator in Responsible Charge: Tom Givetz, Superintendent Grade I

Name/Grade of Back-up Operator in Responsible Charge: Kevin Dale, Foreman Grade I

Contact (Name/Phone) for Information Regarding Collection System: NA

Time in: 08:56AM Time out: 11:22AM

BACKGROUND INFORMATION

(Complete this section prior to going to facility; no need to complete if closure inspection)

	YES	NO	N/A	
1.	(●)	( )	( )	Are the Discharge Monitoring Reports (DMRs) submitted to EPA and DES on time? *(Permit – Part I)* If no, explain:
2.	(●)	( )	( )	Are the DMRs completed correctly per latest EPA instructions? If no, explain:
3.	(●)	( )	( )	Has a list of permit violation(s) and DMR error(s) been given to the operator and discussed? If no, explain:

	YES	NO	N/A	
4a.	◉	○	○	a) Is the person signing the DMRs authorized to do so per the federal regulations? *(40CFR122.22 (b))* If no, explain:
4b.	○	○	◉	b) If yes to 4a., has a copy of the authorization letter been sent to EPA and to DES? *(40CFR122.22(c))* Received on (date) NOTE: On NetDMR
5.	○	◉	○	Has all permit testing been conducted at the correct frequency? *(Permit: Part I)* If no, explain: pH testing not conducted week of 9/14 to 9/20 for outfalls # 001 & 002 due to meter calibration
6.	○	○	◉	Have all other permit-required reports such as Whole Effluent Toxicity testing, sludge testing results, etc., been completed correctly and submitted on time? *(Permit: Part I)*. If no, explain:
7a.	○	○	◉	Has all noncompliance which may endanger health or the environment, including all violations of daily limits, a) been orally reported within 24 hours and
7b.	○	○	◉	b) followed up with a letter to EPA and DES within 5 days? *(Permit Part II, Section D)* If no, explain
8.	○	○	◉	Has the facility explained all permit violations in both the 5-day letters (if applicable) and the DMR submittals? *(Permit Part II, Section D)* If no, explain:
9.	◉	○	○	Has the facility taken corrective action to address all permit violations? *(Permit Part II, Section D)* If no, explain: Note: FOA violation in September addressed.

II. OPENING CONFERENCE

Note: If the facility is unable to meet with you to complete the checklist and perform a site review, then sample and reschedule the remaining portions of the inspection at a mutually agreeable time.

1. Present credentials/review inspection objectives. *(Objective-To ensure that the facility is being operated as needed to maintain compliance with the facility's NPDES permit).*
2. List people present (include Inspector Name(s)):

NAME	TITLE	PHONE #
Tom Givetz	Superintendent	603-859-2041
Teresa Ptak	DES	603-271-1494

3. E-mail address: powdermill@hotmail.com
4. Permittee's mailing address: 288 Merrymeeting Road New Durham NH 03855

5. Facility's mailing address: 288 Merrymeeting Road New Durham NH 03855

III. PERMIT

	YES	NO	N/A	
1.	◉	○	○	Is a copy of the current permit (Parts I, II and attachments) onsite? *(40CFR121.41)* If no, explain:
2.	○	○	◉	If the permit is expired or due to expire within 180 days, has a reapplication package been submitted to DES and EPA *(40CFR122.21)* If no, explain:

IV. OTHER NPDES SPECIFIC REPORTS/REQUIREMENTS

1. Checking upstream pH value on same day as outfall sampling if needed? YES, began checking July 2014.
2. Any mortality of fish > 25% in one event? NO
3. Any change in fish species raised? NO Any catastrophic damage to culture units? NO
4.

V. RECORDS/REPORTS

	YES	NO	N/A	
1.	◉	○	○	Are the records and reports maintained by the permittee for at least 3 years? *(40CFR122.21(p), 40CFR122.41(j)(2), Part II)* If no, explain: 3+ years
2.	○	○	◉	If the facility monitors any permitted parameter more frequently than required by the permit, using approved test methods, are these additional results included in its DMR calculations? *(Permit Part II: Section D.1.d)* If no, explain:
3.	◉	○	○	Is a random check of analytical results reported on the facilities benchsheets consistent with data reported by the permittee on their DMRs? *(Part II Section C)*. If no, explain: Note: Bench sheets attached within NetDMR and reviewed as received.

VI. FACILITY SITE REVIEW

	YES	NO	N/A	
1.	○	○	◉	Is there excessive scum buildup, grease, foam, or floating sludge in or on any of the treatment units? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: Note: Raceways and circular tanks viewed.
2.	◉	○	○	Are tank weirs level? *(40CFR122.41(e) and Permit Part II – Section B)* If no, explain:

	YES	NO	N/A	
3.	○	◉	○	Is there any indication of a hydraulic overload? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: _____
4.	○	◉	○	Are there any noxious odors leaving the site? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: _____
5.	○	◉	○	Are there any unsafe conditions (e.g. slicks, faulty guardrails, missing grating, etc.)? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: _____
6.	○	◉	○	Is there any evidence of severe corrosion in any piping or equipment? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: _____
7.	○	◉	○	Are there any breaks or leaks in any chemical feed lines or other piping? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: _____
8.	○	◉	○	Is there any surcharging of influent lines, overflow weirs, or other structures? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: _____
9.	○	○	◉	Is there any evidence of septage spills at the septage receiving facility? *(40CFR122.41(e) and Permit Part II – Section B)* If yes, explain: _____
10.	○	◉	○	Are there any unpermitted flows entering the groundwater or surface water from either the wastewater treatment facility or the collection system? *(RSA 485-A:13)* If yes, explain: _____
11.	○	◉	○	Is there any evidence of potential spills which can contribute pollutants to any storm drains? *(RSA 485-A:13)* If yes, explain: _____
12.	○	◉	○	Is there any dry weather flow in the stormwater drainage system within the facility? *(Possible violation of RSA 485-A:13 – need to investigate/identify source of flow – actually check drains on site)* If yes, explain: _____
13.	◉	○	○	Does the facility have any floor drains? *(Violation of Permit Part I and RSA 485-A:13 if discharge to storm drain system, surface water or ground water unless specifically permitted – ok if discharge to headworks of WWTP)* If yes, where are they and where do they discharge? _____ All drains sealed with cement.

	YES	NO	N/A	
14.	◉	○	○	If yes to 13, and the floor drain(s) discharge to the headworks of the treatment plant, are there any chemicals/oil/wastes stored in the vicinity of the floor drain? If yes, explain: Note: One barrel of Formaldehyde stored on site in garage. Floor drain sealed. No hydrogen peroxide or Chloramine-T on site. Formaldehyde stored for other FHs, not used at Powder Mill in 5 years. *(Recommendation only if to headworks – violation cited in 13 if discharge anywhere else – if chemicals spill into headworks, may adversely affect the process and result in permit violations)*

VII. EFFLUENT/RECEIVING WATER

	YES	NO	N/A	
1.	○	◉	○	Are there any floating solids, oil sheen, color, or foam **in the effluent**? *(Observation)* If yes, explain: _____
2.	○	◉	○	Are there any floating solids, oil sheen, color, foam or a recognizable plume **in the receiving water**? *(Permit Part I and Env-Ws 1703.03(c))* If yes, explain: _____

3. Collect sample of effluent. Complete Attachment A.

VIII. FLOW MEASUREMENT

	YES	NO	N/A	
1.	◉	○	○	Are influent (if applicable) and effluent flow measuring device(s) professionally calibrated, at least once per year? *(40CFR122.41(e) and Permit Part II – Section B).* What type of influent meter is used? N/A (UV system online for incoming water treatment) What type of effluent meter is used? Measure flow off weirs (calculation) If no, explain: _____
2.	○	○	◉	Do facility personnel check the calibration of the flow measuring device(s) between the annual professional calibrations, at least three times per year? *(Recommendation only).* If no, explain frequency. If yes, do facility personnel record the results of these additional tests, and are the results within 10 percent accuracy? _____
3.	◉	○	○	Are all effluent flow measuring devices clean and free of debris and deposits? *(40CFR122.41(e) and Permit Part II – Section B)* If no, explain: _____
4.	○	○	◉	Are the sides of the flume(s) throat vertical and parallel? *(40CRF122.41(e) and Permit Part II – Section B)* If no, explain: _____
5.	◉	○	○	Is the effluent weir level? *(40CRF122.41(e) and Permit Part II – Section B)* If no, explain: _____

	YES	NO	N/A	
6.	○	◉	○	Is there any leakage around any of the flow measuring devices? *(40CRF122.41(e) and Permit Part II – Section B)* If yes, explain: _____

IX. SELF MONITORING

	YES	NO	N/A	
1.	◉	○	○	Are the influent and effluent sampling locations representative of the wastestream? *(Permit Part I and II, Section C)* If no, explain: _____
2.	◉	○	○	Are the correct effluent sample types (grab or composite) taken? *(Permit Part I and Part II-Section E)* If no, explain: _____
3.	○	○	◉	If composite samples are required, are they flow-proportioned? [ ] controlled by flow meter [x] manually done *(Permit Part II-Section E)* If no, explain: Note: do time-sequential sampling
4.	◉	○	○	Are composite samples cooled to ≤6°C to properly preserve them during the compositing period? *(40CFR136)* If no, explain: _____ Note: only documenting temperature out, require in/out temperature documentation
5a. 5b.	○	○	◉	a) If the composite sample is cooled with ice or gel packs, do you measure the final composite sample temperature to make sure that the cooling is sufficient? b) Do you record these results? *(40CFR122.41(e), Permit Part II-Section B and 40CFR136)* If no, explain: _____
6a. 6b. 6c.	◉	○	○	a) If a refrigerator is used for preserving composite samples, is there a thermometer in the refrigerator? b) Is this thermometer checked each time that it is used and are the results of the checks recorded? c) Or, is the final sample temperature measured and the results recorded? *(40CFR122.41(e), 40CFR136 and Permit Part II-Section B)* If no, explain: Note: Effluent composite samplers not in use at time of visit. Thermometers to be checked in/out for days in use.
7.	◉	○	○	Are all grab samples cooled with ice, gel packs or refrigerated to ≤6°C from the time of collection until analysis including shipping time, if applicable? If no, explain: ___ Note: Grab samples for pH, DO, temperature. Quarterly,composite testing parameters (BOD/TSS,TP,TN & NH3) transported by cooler.
8.	◉	○	○	Are all samples which require preservation properly preserved? *(40CFR122.41(e), 40CFR136 and Permit Part II-Section B)* If no, explain: _____
9.	◉	○	○	Are the correct sample containers being used? *(40CFR122.41(e), 40CFR136 and Permit Part II-Section B)* If no, explain: _____

	YES	NO	N/A	
10.	◉	○	○	Is all the sampling equipment and glassware cleaned before being used? *(40CFR122.41(e), 40CFR136 and Permit Part II-Section B)* If no, explain: _____ Note: Rinsing only, no lab soap.
11.	○	○	◉	Does the facility's permit require any metals sampling? _____
12.	○	○	◉	If yes to 11, does the facility acid wash the sampling containers prior to sample collection as required by the approved analytical methods as required by the facility's permit? If no, explain: _____

X. LABORATORY

	YES	NO	N/A	
1.	◉	○	○	Has a written laboratory QA/QC manual been updated by the facility and approved by DES in the last 5 years? *(40CFR122.41(e) and Permit Part II-Section B)* (Complete Attachment B if one has not been completed in past 5 years) If yes, provide date Attachment B completed. If no or NA, explain: Next review 2/26/2019
2.	◉	○	○	Is the QA/QC manual being used by facility personnel? If no explain: _____
3.	◉	○	○	Does the facility have a copy of the EPA-approved analytical methods for each of the analyses performed at the facility? If no, explain: _____ Note: Using Standards Methods 22nd Edition
4.	◉	○	○	Are the correct analytical testing procedures used and holding times met? *(Permit Part I and 40CFR136)* (Complete Attachment C) If no, explain: _____
5.	◉	○	○	Are laboratory method detection limits for all parameters tested less than the permit limits? If no, explain: _____
6.	◉	○	○	With each batch of samples analyzed, is the permittee conducting quality control standards, sample duplicates, spikes and blanks? *(Permit Part I and 40CFR136)* (Complete Attachment D) If no explain: _____
7.	○	○	◉	If the permittee is using alternate analytical procedures, have they been approved by EPA? *(40CFR136)* If no, explain: _____

	YES	NO	N/A	
8.	◉	○	○	Is the permittee calibrating and maintaining all laboratory instruments and equipment on the periodic basis specified in the Part 136 Analytical Method or in the QA/QC Manual? *(Annual calibrations for thermometers and balances are required – annual calibrations for all other laboratory instruments are recommended but are not required) (40CFR122.41(e), 40CFR136 and Permit Part II-Section B)* If no, explain: Next calibration for pH meter and DO meter 9/2015
9.	◉	○	○	Are the thermometer annually checked for calibration using a NIST-certified thermometer or does the facility purchase new NIST-certified thermometers yearly? *(40CFR122.41(e) and Permit Part II-Section B)* If no, explain: Note: Thermometers verified, calibration done 6/2014
10.	○	◉	○	Are the reagents and standards being used expired? *(Permit Part II-Section B and 40CFR 122.41(e))* If yes, explain:
11.	◉	○	○	Is proper laboratory grade pure water available for specific analyses? *(40CFR122.41(e), 40CFR136 and Permit Part II-Section B)* If no, explain: Note: Using Monadnock Water, verified paperwork for TRC and conductivity from vendor
12.	◉	○	○	Are laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available? *(Recommendation only)* If no, explain:
13.	◉	○	○	Are reagents and solvents used for the analyses properly stored? *(40CFR122.41(e), 40CFR136 and Permit Part II-Section B)* If no, explain:
14.	◉	○	○	Does the permittee cross-check its calculations? *(Recommendation – may result in misreporting which is a violation of the permit – DMRs are certified to be accurate by signature)* If no, explain:
15.	◉	○	○	Does the permittee use the correct lab formulae to calculate final results? *(40CFR136)* If no, explain:

XI. OPERATIONS AND MAINTENANCE

	YES	NO	N/A	
1.	○	○	◉	Are all treatment units operable? *(Observation – may result in violation of permit – 40CFR122.41(e) and Permit Part II-Section B)* If no, explain: Note: Viewed raceways and circular tanks.
2.	○	○	◉	Does the wastewater treatment facility have an alarm system for all essential equipment? *(40CFR122.41(e) and Permit Part II – Section B)* If no, explain: Note: Superintendent lives on site.

	YES	NO	N/A	
3.	○	○	◉	Does the facility check its alarm system? How often? _____When was the alarm system last checked? *(40CFR122.41(e) and Permit Part II-Section B)* _____ Note: composite sampler on battery back up power
4.	○	○	◉	Are alarms sent to qualified personnel who can respond immediately to remedy the problem? (*40CFR122.41(e) and Permit Part II*) If no, explain: _____
5.	◉	○	○	Are routine and preventive maintenance scheduled performed and recorded? *(40CFR122.41(e) and Permit Part II-Section B)* If no, explain: _____
6.	◉	○	○	Does the facility maintain written procedures for responding to emergencies such as power failures, floods, fires, and other natural disasters? (*40CFR122.41(e) and Permit Part II-Section B*) If no, explain: _____
7.	◉	○	○	Does the facility maintain a written list of contacts for emergencies? (*40CFR122.41(e) and Permit Part II-Section B*) If no, explain: _____
8.	◉	○	○	Is a logbook kept which documents all plant activities on a daily basis? *(40CFR122.41(e), Permit Part II-Section B and 40CFR122.41(j)(2))* If no, explain: _ Logbook entries available electronically.
9.	○	○	◉	Does the facility maintain an inventory of spare parts, either at the facility or close by, sufficient to keep all of its treatment units operational? *(40CFR122.41(e) and Permit Part II-Section B)* If no, explain: Note: spare parts available for FH operation.
10.	○	○	◉	Does the facility have standby power for all treatment units? (*40CFR122.41(e) and Permit Part II-Section B*) If no, explain: Note: Battery back up for effluent composite sampler
11.	○	○	◉	Is the standby power regularly exercised under load? *(40CFR122.41(e) and Permit Part II-Section B*) If no, explain: Note: Battery back up for effluent composite sampler

XII. HANDLING AND DISPOSAL OF WASTES

	YES	NO	N/A	
1.	○	○	◉	Is leachate accepted at the facility? If yes, what are the source(s)? _____ What is the average quantity accepted each month? _____

XIII. SANITARY SEWER OVERFLOWS

	YES	NO	N/A	
1.	○	○	◉	Have there been any backups or overflows in the sanitary sewer collection system, including pump stations, manholes and piping since the last inspection on_____? If yes, explain cause/frequency/locations and corrective actions taken:_____

	YES	NO	N/A	
2.	○	○	◉	If yes to 1, are these overflows reported to DES and EPA within 24 hours verbally and followed up with a letter in 5 days? If no, explain: _____
3.	○	○	◉	If yes to 1, have any of these overflows impacted surface water? If yes, explain: _____
4.	○	○	◉	Does the stormwater collection system for the municipality have any dry weather flows? *(Possible violation of RSA 485-A:13 – need to investigate/identify source of flow – actually check drains on site)* If yes, explain: _____
5.	○	○	◉	Does the facility have up-to-date maps/schematics of all stormwater outfalls? *(Recommendation only)* If no, explain: _____

XIV. COMBINED SEWER OVERFLOWS

	YES	NO	N/A	
1.	○	○	◉	Is any portion of the facility's sewage collection system combined with the storm water collection system with designated outfalls? *(Observation only with referral to EPA for follow-up investigation/enforcement)* If yes, explain: _____
2.	○	○	◉	If yes to 1, are all combined system outfalls identified and permitted in your NPDES permit? *(RSA 485-A:13 – unpermitted discharge)* If no, explain: _____

XV. CLOSING CONFERENCE

Notes from site visit 04/14/2015

1. UV system online for incoming water treatment of 001 and 002. Self cleaning bulbs. Installed 8 years ago.
2. 002 UV treatment closest to road. 001 UV treatment not in use at time of site visit.
3. Settling ponds last pumped out on field Summer 2014. Using field near circular tanks and outfall 002.
4. Not required to do DMRQA Study 35 in 2015.

Attachment C - Monitoring Data Checklist

Facility Name: POWDER MILL FH Date: 4/14/15 Inspector: TPTAK

Parameter	pH	DO	TEMP									
Sample Date and Time	✓	✓	✓									
Sample Location	✓	✓	✓									
Sample Type [1,2]	✓	✓	✓									
Sampler	✓	✓	✓									
Analysis Date and Time [5]	✓ ✓	✓ ✓	✓ ✓									
Analyst	✓	✓	✓									
Method No. [3]	4500H+B-2011	4500OG-2011	2550B-2010									
Results [6]	✓	✓	✓									
Allowable Holding Time	✓	✓	✓									

1. Grab (G), Composite (8C, 24C)
2. Automatic Flow Proportioned (AFP), Manual Flow Proportioned (MFP)
3. Analysis numbers in current approved edition of Standard Methods
4. For composite samples put time last sample was obtained
5. Time at beginning of analyses
6. Put asterisk next to in-house analyses

Attachment D
NPDES Inspection Checklist
QC for Each Batch of Samples Analyzed

Facility Name: POWDER MILL FH Date: 4/14/15

		yes	no	comments
BOD	effluent (3 dilutions)			
	dilution water blank			
	QC standard			
Contractor	seeded dilution water, if applicable			
	seed control			
	duplicate (1 dilution)			
	spike (1/year)			
	pH check/adjustment			
	proper dechlorination solution			
TSS	effluent			
	lab water blank			
Contractor	QC standard (e.g., NSI)			
	duplicate			
	repeat weighings			
	other:			
Bacteria	effluent (3 dilutions)			
	dilution water blank			
N/A	duplicate			
	quarterly split			
pH	calibration standards			4, 7
	QC standard			6
	effluent	✓		
	duplicate	✓		
	temperature	✓		
	% slope			METER DOES NOT PROVIDE
TRC	blank			
	QC standard			
	effluent			
	duplicate			
Other: TEMP / DO	effluent	✓		
	QC standard	N/A		
	duplicate	✓		
	blank	N/A		
	spike	N/A		

Compliance Summary for Fish Hatchery - Powder Mill

NPDES Permit Number: NH0000710

Year	Month	Parameter	Units	Permit Limit	Result	Type	Number of Violations	Reported Properly?	Postmark Date	Comments
2011										
	1	Signatory Letter								Received 1/6/2011
	1	pH	su	6.5	6.23	Daily Maximum	2	Yes	2/4/2011	Reported electronically pH below minimum limits due to naturally occuring conditions
	2	pH	su	6.5	5.45	Daily Minimum	3	Yes	3/2/2011	Reported electronically violations due to naturally occurring conditions
	3	pH	su	6	5.88	Daily Minimum	5	Yes	4/1/2011	Reported electronically Violations due to naturally occurring conditions
	4	pH	su	6.5	5.84	Daily Minimum	4	Yes	5/6/2011	Reported electronically violations due to naturally occurring conditions
	5	pH	su	6	5.78	Daily Minimum	2	Yes	6/2/2011	Reported electronically violations due to naturally occurring conditions

Year	Month	Parameter	Units	Permit Limit	Result	Type	Number of Violations	Reported Properly?	Postmark Date	Comments
	6	pH	su	6	5.87	Daily Minimum	4	No	7/12/2011	Reported elecrtonically Violation due to naturally occurring conditions. Fish food per day, fish on hand, flow and formaldehyde reporting boxes for DMR 010A not completed. Emailed T. Givetz 7/15/2011. DMR corrected electronically 7/18/2011.
	7	pH	su	6.5	5.85	Daily Minimum	4	Yes	8/3/2011	reported electronically pH below limit due to natural conditions
	8	pH	su	6.5	5.52	Daily Minimum	5	Yes	9/2/2011	Violations due to natural conditions Reported electronically
	9	pH	su	6.5	5.64	Daily Minimum	4	No	10/3/2011	Reported electronically Violations due to natural conditions Effluent DO and pH FOA codes incorrect. Should be 02/30 not 01/07. Emailed T. Givetz 10/19/2011. DMR corrected electronically 10/19/2011. PLEASE NOTE: Did not sample for pH and DO the last two weeks of September
	10	pH	su	6.5	5.45	Daily Minimum	4	Yes	11/2/2011	Reported electronically Violations due to natural conditions
	11	DMR						Yes	12/5/2011	Reported electronically

Year	Month	Parameter	Units	Permit Limit	Result	Type	Number of Violations	Reported Properly?	Postmark Date	Comments
	12	pH	su	6.5	6.12	Daily Minimum	4	Yes	1/5/2012	Reported electronically pH below limits due to natural conditions
2012										
	1	pH	su	6.5	6.06	Daily Minimum	3	Yes	2/2/2012	Reported electronically violations due to naturally occurring conditions
	2	pH	su	6.5	5.41	Daily Minimum	5	Yes	3/1/2012	Reported electronically pH below limit due to natural conditions
	3	pH	su	6.5	5.99	Daily Minimum	4	Yes	4/3/2012	Reported electronically pH below limit due to natural conditions
	4	pH	su	6.5	5.56	Daily Minimum	4	Yes	5/1/2012	Reported electronically pH below limit due to natural conditions
	5	pH	su	6.5	5.71	Daily Minimum	5	Yes	6/6/2012	reported electronically violations due to natural conditions
	6	pH	su	6.5	5.71	Daily Minimum	4	Yes	7/3/2012	Reported electronically pH below limit due to natural conditions

Year	Month	Parameter	Units	Permit Limit	Result	Type	Number of Violations	Reported Properly?	Postmark Date	Comments
	7	pH	su	6.5	5.25	Daily Minimum	4	No	8/3/2012	Reported electronically pH below limits due to natural condirtions 002 DMR effluent pH # of Ex.number reported incorrectly. Entered 0, should be 4. Emailed T. Givetz 8/16/2012. DMR corrected electronically 8/17/2012.
	8	pH	su	6.5	5.32	Daily Minimum	5	Yes	9/5/2012	Reported electronically pH below limit due to natural conditions
	9	pH	su	6.5	5.43	Daily Minimum	3	Yes	10/4/2012	Reported electronically pH below limit due to natural conditions
	10	pH	su	6.5	5.45	Daily Minimum	1	Yes	11/1/2012	Reported electronically pH below limit due to natural conditions
	11	DMR						Yes	12/3/2012	Reported electronically
	12	pH	mg/L	6.5	5.7	Daily Minimum	2	Yes	1/2/2013	Reported electronically violations due to natural conditions
2013										
	1	pH	su	6.5	6.33	Daily Minimum	1	Yes	2/1/2013	Reported electronically pH below limit due to natural conditions

Year	Month	Parameter	Units	Permit Limit	Result	Type	Number of Violations	Reported Properly?	Postmark Date	Comments
	2	DMR						No	3/1/2013	Reported electronically. No entries in TRC and formaldehyde reporting rows. Emailed T. Givetz 3/28/2013. DMR corrected electronically 3/28/2013.
	3	pH	su	6.5	6.26	Daily Minimum	3	Yes	4/3/2013	Reported electronically pH below limit due to natural conditions
					LAST INSPECTION 4/17/2013					
	4	DMR						Yes	5/1/2013	no violations for outfalls 001A and 002A
	5	DMR						Yes	5/1/2013	
	5	DMR						Yes	6/3/2013	
	6	pH	su	6.5	6.3	Daily Minimum	3	Yes	7/2/2013	pH below limits due to natural conditions. NO violations for 001B (quarterly report for monitoring period 4/01-6/30).
	6	DMR						Yes	7/2/2013	No violations for outfall 002B (quarterly report for monitoring period 4/01-6/30).
	7	pH	su	6.5	6.4	Daily Minimum	3	Yes	8/1/2013	pH below limits due to natural conditions.
	7	pH	su	6.5	6.26	Daily Minimum	3	Yes	8/1/2013	pH below limits due to natural conditions.

Year	Month	Parameter	Units	Permit Limit	Result	Type	Number of Violations	Reported Properly?	Postmark Date	Comments
	8	pH	su	6.5	6.1	Daily Minimum	5	Yes	8/30/2013	pH below testing limits due to natural conditions
	8	pH	su	6.5	6.32	Daily Minimum	2	Yes	8/30/2013	pH below testing limits due to natural conditions.
	9	pH	su	6.5	6.2	Daily Minimum	3	Yes	10/1/2013	pH below limits due to natural conditions.
	9	DMR Quarterly						Yes	10/21/2013	Monitoring period 7/01/13 to 9/30/13. Submittal date acceptable; netDMR not available until after 15th of month. Received DMR for 002B NO ERRORS/ VIOLATIONS. Composite sample start date 09/09/13.
	9	pH	su	6.5	6.18	Daily Minimum	3	Yes	10/21/2013	Submittal date acceptable; netDMR not available until after the 15th of month. pH below limit due to natural conditions upstream.
	10	pH	su	6.5	6.45	Daily Minimum	2	Yes	11/4/2013	
	10							Yes	11/4/2013	
	11	DMR						Yes	12/2/2013	

Year	Month	Parameter	Units	Permit Limit	Result	Type	Number of Violations	Reported Properly?	Postmark Date	Comments
	12	DMR						Yes	1/2/2014	Also received monthly DMR for outfall 002A NO VIOLATIONS Also received quarterly DMRs for monitoring period 10/01-12/31 for 001 & 002 NO VIOLATIONS 2013 Aquaculture Drug & Chemical Certification rec'd 3/11/14; attached to Dec2013 (001) DMR.
2014										
	1	DMR						Yes	1/31/2014	Received DMR for outfall 002A NO VIOLATIONS
	2	QA/QC Manual								Final approval 2/26/2014. Expiration date 2/26/2019.
	2	DMR						Yes	2/28/2014	Received DMR for outfall 002A NO VIOLATIONS
	3	DMR						Yes	4/1/2014	Received DMRs for outfall 002A NO VIOLATIONS Received quarterly DMRs for outfall 001B and 002B NO VIOLATIONS
	4	DMR						Yes	5/2/2014	Received DMR for outfall 002A NO VIOLATIONS
	5	DMR						Yes	6/2/2014	Received DMR for outfall 002A NO VIOLATIONS

Year	Month	Parameter	Units	Permit Limit	Result	Type	Number of Violations	Reported Properly?	Postmark Date	Comments
	6	DMR						Yes	7/2/2014	Received quarterly monitoring DMR for 4/01/14 to 06/30/14. NO VIOLATIONS
	6	DMR						Yes	7/2/2014	Received quarterly monitoring DMR 04/01/2014 to 06/30/14 NO VIOLATIONS
	7	pH	su	6.5	6.44	Daily Minimum	1	No	8/1/2014	Error in transferring data from bench sheet; originally entered 6.5 instead of 6.44 as minimum for 001A pH Received DMR for outfall 002A NO VIOLATIONS NO verbal or written notification
	8	DMR						Yes	9/3/2014	Rec'd DMR for outfall 002A NO VIOLATIONS Began analyzing and recording upstream pH value if outfalls below 6.5SU.
	9	DMR						Yes	10/2/2014	Rec'd DMR for Outfall 002 NO VIOLATIONS Rec'd DMRs for quarterly testing for 001 & 002 NO VIOLATIONS
	10	DMR						Yes	10/31/2014	Rec'd DMR for outfall 002A NO VIOLATIONS
	11	DMR						Yes	12/2/2014	Rec'd DMRs for outfall 002A NO VIOLATIONS

Year	Month	Parameter	Units	Permit Limit	Result	Type	Number of Violations	Reported Properly?	Postmark Date	Comments
	12	DMR						No	1/2/2015	Incorrect TP entered into DMR for outfall 001B. Lab reports 0.06mg/L, facility reported 0.6 mg/L.
2015										
	1	DMR						Yes	2/3/2015	Rec'd DMR for outfall 002A NO VIOLATIONS
	2	DMR						No	3/2/2015	001A DMR correct. Rec'd DMR for outfall 002A; incorrect pH max reported 6.46SU should be 6.48SU. Verified in bench sheet.
	3	DMR						Yes	3/31/2015	Rec'd DMR for quarterly sampling event 001B. NO VIOLATIONS Rec'd DMR for 002A and quartlery sampling event 002B NO VIOLATIONS
	4	DMR						Yes	5/2/2015	Rec'd DMR for outfall 002A NO VIOLATIONS